

Journal of Vascular Surgery®

Anton N. Sidawy, Editor-in-Chief, Bruce A. Perler, Senior Editor

INFORMATION FOR AUTHORS

SCOPE OF THE JOURNAL

The *Journal of Vascular Surgery*® is dedicated to the science and art of vascular surgery and aims to improve the management of patients with vascular diseases by publishing relevant papers that report important medical advances, test new hypotheses, and address current controversies. To achieve this goal, the Journal will publish original clinical and laboratory studies, and reports and papers that comment on the social, economic, ethical, legal, and political factors that relate to these aims.

As the official publication of the Society for Vascular Surgery®, the Journal will publish, after careful peer review, selected papers presented at the annual meeting of that organization and affiliated vascular societies, as well as original articles from members and nonmembers.

EDITORIAL POLICIES

The editorial policies of the Journal are published in the January and July issues, on the Internet Web site (www.jvascsurg.org), on the *Editorial Manager* Web site (<http://jvs.editorialmanager.com>), and are available from the Editors on request.

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Institutional Review. Manuscripts that involve research conducted on human subjects must follow the principles outlined in the Declaration of Helsinki (<http://www.wma.net/e/policy/pdf/17c.pdf>) and include a statement in the Methods section that the

experimental protocol and informed consent were approved by the Institutional Review Board and that all subjects gave informed consent. Manuscripts that report animal experiments must include a statement in the Methods section that the study was approved by the Institutional Review Board and that the animal care complied with the *Guide for the Care and Use of Laboratory Animals*, Institute of Laboratory Animal Resources, Commission on Life Sciences, National Research Council. Washington: National Academy Press, 1996 (<http://stills.nap.edu/readingroom/books/labrats/>)

Clinical Trial Registration. In 2004, the International Committee of Medical Journal Editors (ICMJE) recommended that clinical trials be registered in a public database as a prerequisite for subsequent publication (De Angelis C, Drazen JM, Frizelle FA, et al. Clinical trial registration: a statement from the International Committee of Medical Journal Editors. *N Engl J Med* 2004;351:1250-1). Effective July 1, 2007 the *Journal of Vascular Surgery*® will adopt the policies recommended by the ICMJE and require the pre-registration of **all** prospective clinical trials that have a control group (Cronenwett J, Seeger J. Requirement for Registration of Clinical Trials. *J Vasc Surg* 2007;45:1). In addition, the Journal will also require the pre-registration of **any** commercially sponsored clinical trial, including Phase I and II trials. We do not anticipate registration of retrospective reviews or summaries of standard clinical treatment. Clinical trials that meet the above requirement and commence after July 1, 2007 must be registered prior to enrollment of the first patient. Relevant trials that began before this date must be registered prior to editorial review. Registration must be indicated by providing the unique study number assigned at www.clinicaltrials.gov, the principle site of registration sponsored by the National Library of Medicine (NLM). Detailed directions and a tutorial for registering a trial are available at <http://prsinfo.clinicaltrials.gov>. Authors of unregistered trials or those with inadequate information in the registry will be given an opportunity to convince the Editors that their rationale for omitting this was critical, but it is the Journal's expectation that clinical trials involving prospective comparison of treatment or any that are commercially sponsored will all be registered after July 1, 2007.

SUBMISSION OF ORIGINAL MANUSCRIPT

The Journal's requirements for submission of a manuscript are in accordance with "Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication" of the International Committee of Medical Journal Editors (ICMJE), published in *JAMA* 1997; 277:927-34 and available at <http://www.icmje.org/>

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General requirements

Length. The length of clinical and basic research study manuscripts, including abstract (maximum 400 words), text (average 3200 words and maximum 3500 words), tables (one per page), copies of each figure (one per page), figure legends, and reference list, should not exceed 25 typewritten double-spaced pages with a 12-point font and 1-inch margins. Note that authors can include additional data (eg, details of methods, statistical analysis, tables, discussions) as appendices that will be published on the Journal's Web site but not in the print version. Manuscripts that do not meet these guidelines will be sent back to the authors for editing before review.

Submission of manuscripts

Manuscripts should be submitted to the *Journal of Vascular Surgery*[®] electronically, using the Web-based system *Editorial Manager*. To submit a manuscript, authors should login to the Web site <http://jvs.editorialmanager.com>, where detailed instructions can be found. Manuscripts, including figures and tables, are submitted via this Web site in multiple files. To use this system authors must have an Internet connection, an e-mail program, a Web browser, a word processor, and Adobe Acrobat Reader (which can be downloaded at no charge at the above Web site).

Formatting instructions. Manuscripts are preferably created in a PC or Macintosh word processor (eg, Microsoft Word or Corel WordPerfect). Manuscripts created in such a manner can be imported directly into *Editorial Manager*.

- Double-space all sections (ie, abstract, text, acknowledgments, references, figure legends, and tables).
- Use at least 1-inch margins on all sides.
- Use at least 12-point type (not smaller).
- Number the pages consecutively in the upper right corner.

Basic information for electronic submission.

To upload a manuscript using *Editorial Manager*, authors must provide the following information:

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- departmental and institutional affiliations of each author;
- a completed Author Role, Originality, and Competition of Interest form, including all financial or material support provided to the authors;
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Forms to be transmitted with submitted manuscripts. All manuscripts must be accompanied by a completed Author Role, Originality, and Competition of Interest form. This information will be provided to reviewers and Editors for their evaluation of appropriate involvement. A competition of interest statement will be published with each manuscript based on the information provided on this form. Authors are referred to a detailed publication on this topic (Johnston KW, Rutherford RB. Disclosure of competition of interest. *J Vasc Surg* 1999;30:200-2). If an author fails to disclose his/her competitive interests, the actions open to the Editors are described in Johnston KW, Rutherford RB. Failure to disclose competitive interests. *J Vasc Surg* 2000;31:1306. Beginning July 1, 2007, this form will also request information on the unique study number assigned at www.clinicaltrials.gov if your study meets our requirements for registration (see the Clinical Trial Registration section above). In addition, all new manuscripts must be accompanied by a Reviewer Request form, submitted using *Editorial Manager*. The form requires the names and addresses of three potential reviewers with whom there is no conflict of interest, ie, a suggested reviewer should not be a close personal friend, an individual from the same institution, or an individual with whom any of the authors has collaborated. Because reviewers are asked to decline to review any application with which they may have a conflict of interest, suggesting suitable expert reviewers will minimize delays. The authors may also include the names of individuals who would not be suitable reviewers because of potential professional or personal conflicts of interest. Finally, all revised manuscripts must be accompanied by a Review Response form and an Author Contribution Statement form. All of these forms are available for downloading from the *Editorial Manager* Welcome page (<http://jvs.editorialmanager.com>).

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Patient consent. Photographs of identifiable persons must be accompanied by signed releases from patients or from both living parents or guardians of minors. Similarly, consent must be obtained if a person can be identified from the case description. Such releases must accompany the Copyright Transfer form at the time of acceptance.

Description of manuscript components

Title. Titles must be concise and accurately reflect the content of the manuscript. *Furthermore, titles should be declarative, stating the topic and results when possible, rather than posing a question.* This is important for assisting clinicians and researchers find the article in Medline once it has been published.

Authors. By submitting this manuscript, each author certifies that they have made a direct and substantial contribution to the work reported in the manuscript by participating *in each of* the following **three** areas: (1) conceiving and designing the study; or collecting the data; or analyzing and interpreting the data; (2) writing the manuscript or providing critical revisions that are important for the intellectual content; and (3) approving the final version of the manuscript. They have participated to a sufficient degree to take public responsibility for the work and believe that the manuscript describes truthful facts. They declare that they shall produce the data on which the manuscript is based for examination

by the editors or their assignees, should it be requested. Each author also agrees to allow the corresponding author to make decisions regarding submission of the manuscript to the Journal, changes to galley proofs, and prepublication release of information in the manuscript to the media, federal agencies, or both.

Generally, six is the maximum number of expected authors for a clinical or basic research manuscript, and four for a case report or technical note. The Editors request that additional authors be carefully examined with respect to the authorship criteria listed above and suggest that some might better be acknowledged than listed as authors. Further, the Editors request that authors beyond this expected number be specifically justified in the details section of the electronic submission. In special circumstances (eg, multicenter trials), the editors will consider as many as eight authors for clinical or basic research papers, and six for case reports and technical notes, but this is the absolute maximum. As an alternative, a smaller number of key authors can submit the work on behalf of a larger research group, which can then be listed and acknowledged in an appendix. If an author has collaborated in a project but does not meet all the requirements for authorship, he or she should be recognized in the acknowledgment section of the manuscript.

For more information on the requirements for authorship, see the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication" (<http://www.icmje.org/index.html>), section II.A on Authorship and Contributorship. Beginning in January 2005, the Journal began publishing an Author Contribution Statement at the end of each clinical and basic research manuscript. This information for this statement should first be submitted as part of the Author Role form upon submission, and attested to by a completed Author Contribution Statement form at the time of acceptance. For further information, please see "Criteria for Authorship" J Vasc Surg 2005;42:599.

Abstract. A structured abstract is required for all manuscripts except case reports, technical notes (both of which require a shorter, nonstructured abstract), vascular images, special articles, editorials, and presidential addresses. The abstract must be uploaded as a separate file from the rest of the manuscript, using *Editorial Manager*, and must include the title of the manuscript, the names of the authors, affiliations, and contact information for the corresponding author. The abstract replaces the summary and ordinarily should clearly state, in approximately 250 words (but never more than 400 words), the main factual points of the article. The abstract should be informative, not descriptive. *Detailed results should be included in the abstract, since many readers only have access to abstracts and not the entire article.* A structured abstract will include combinations of the following headings that apply and are informative, as described in detail in previous publications (Haynes RB, Mulrow CD, Huth EJ, Altman DG, Gardiner

MJ. More informative abstracts revisited. *Ann Intern Med* 1990;113:69-76. Ad Hoc Working Group For Critical Appraisal of the Medical Literature. A proposal for more informative abstracts of clinical articles. *Ann Intern Med* 1987;106:598-604):

- Objective: a precise statement of the exact question(s) addressed by the article and, if appropriate, the hypothesis
- Design of study: the basic design
- Setting: community or referral center, institutional or private practice, ambulatory or hospitalized patients
- Subjects: eligibility criteria, selection method, total number, proportion withdrawn
- Interventions: the exact treatment or interventions
- Main outcome measure(s): the method of assessing subjects
- Results: the main results should be stated with statistical significance
- Conclusions: only conclusions supported by the study and their clinical application should be stated.

For brevity, phrases rather than complete sentences can be used in some sections. Tables, figures, reference citations, and trademarked names should not appear in the abstract. Since many readers only have access to the abstract, it is essential that it contain numerical results and not simply summary conclusions.

Clinical Relevance. For Basic Research Studies, the Journal includes a paragraph describing the clinical relevance of all published basic research articles. This will be printed immediately below the Conclusion section of the abstract of the article, but will not be included in the Abstract available on Medline. The purpose of this section is to interest clinical surgeons in reading this work and help them understand its significance. Basic Research authors must submit a paragraph of approximately 100 words entitled "Clinical Relevance" in which they relate the basic research study they are reporting to its current or future clinical applications.

Text. Manuscripts must conform to standard English usage and are subject to editing in conformance with the policies of the Journal. For reference, authors may consult the American Medical Association's *Manual of Style* (Iverson C, Flanagin A, Fontanarosa PB, et al. 9th ed. Baltimore: Williams & Wilkins, 1998). The following changes have been made from the 8th edition of the American Medical Association's *Manual of Style*:

- Abbreviations no longer include periods (ie, Dr, eg, US, Jr, St, Rd).
- A capital *P* is now used for probability, and no zero is used before the decimal when the figure cannot exceed 1 ($P < .007$).
- The new style uses new abbreviations for some units of measure (*L*, liter; *in*, inch; *ft*, foot; *yd*, yard; *mol*, mole; *mol/L*, molar).
- Units of time in virgule constructions or tables are now abbreviated (*ms*, millisecond; *s*, second;

min, minute; *h*, hour; *d*, day; *wk*, week; *mo*, month; *y*, year;).

- Units that are used as adjectives are now hyphenated (8-mL container, 10-cm visual analog scale).

Manuscript body. The manuscript, including the abstract, must be uploaded as a separate file using *Editorial Manager*. The usual sections for a manuscript include Introduction, Methods, Results, and Discussion. Subheadings may be useful and help clarify the content in longer papers. Methods must be described in sufficient detail to allow others to reproduce the work. For established methods, appropriate references and a brief description are sufficient; but for new methods, appropriate details are required. If the description of the method is very long, the techniques should be summarized and referenced and the details provided as an appendix that will be published on the Web but not in print.

For human studies, the following details are generally important: eligibility (inclusion and exclusion criteria), randomization method, blinding methods, total consecutive patients enrolled, and number of exclusions or drop-outs and reasons.

For randomized controlled trials, the CONSORT document provides reporting guidelines that should be met in articles submitted to the Journal (Moher D, Schultz ICF, Altman DG for the CONSORT group. The CONSORT statement: revised recommendation improving the quality of reports of parallel-group randomised trials. *Lancet* 2001;357:1191-4). Full details are available at <http://www.consort-statement.org/>. This article provides a checklist of the items that should be included in the report of the methods, results, and discussion and the suggested details of a flow diagram that gives information on patient flow through the study. Observational studies should include these details as well.

Reporting standards have been published that provide guidelines for reporting meta-analyses of the randomized controlled studies (Moher D, Cook DJ, Eastwood S, Olkin I, Rennie D, Stroup DF. Improving the quality of reports of meta-analyses of randomized controlled trials: the QUORUM statement. *Lancet* 1999;354:1896-900) and observational studies (Stroup DF, Berlin JA, Morton SC, Olkin I, Williamson GD, Rennie D, et al. Meta-analysis of observational studies in epidemiology: a proposal for reporting. Meta-analysis of Observational Studies in Epidemiology (MOOSE) group. *JAMA* 2000;283:2008-12).

Manuscripts involving research conducted on human subjects and/or that report animal experiments must follow all requirements listed in the Institutional Review section above. Details of the statistical methods should be referenced and, if uncommon, the principles explained. If a manuscript is considered acceptable for publication, the Editors may choose to subject it to formal statistical review to ensure that the study population was clearly defined, that the design of the study was suitable, that appropriate statistical methods were used, and that the subsequent conclusions were supported.

Generic drug names should be used, specifically the United States Adopted Name (USAN). Proprietary drug names may be cited in parentheses. Generic equipment names should be used whenever possible and the proprietary name of the equipment cited in parentheses; after the proprietary name, cite the manufacturer and the city, state, and country of manufacture.

Measurements (height, weight, etc.) should be stated in metric units. Hematologic and clinical chemistry measurements can be stated in System International (SI) units or non-SI units. Note that SI units are recommended in the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication" (<http://www.icmje.org/index.html>).

Only standard abbreviations should be used; avoid unusual or coined abbreviations. The first time *any* abbreviation is used it should be included in parentheses after the words it replaces. Abbreviations should not be used in the title or abstract. Manuscripts should conform to the guidelines for reporting on vascular surgery. The following have been developed by the Ad Hoc Committee on Reporting Standards and accepted by The Society for Vascular Surgery:

- Venous severity scoring: An adjunct to venous outcome assessment. *J Vasc Surg* 2000;31:1307-12.
- Recommended standards for reports dealing with lower extremity ischemia: Revised version. *J Vasc Surg* 1997;26:517-38.
- Reporting standards in venous disease. *J Vasc Surg* 1988;8:172-81.
- Reporting standards in venous disease: an update. *J Vasc Surg* 1995;21:635-45.
- Suggested standards for reports dealing with cerebrovascular disease. *J Vasc Surg* 1988;8:721-9.
- Suggested standards for reporting on arterial aneurysms. *J Vasc Surg* 1991;13:452-8.
- Standards in noninvasive cerebrovascular testing. *J Vasc Surg* 1992;15:495-503.
- Reporting standards for lower extremity arterial endovascular procedures. *J Vasc Surg* 1993;17:1103-7.
- Recommended standards for reports dealing with arteriovenous hemodialysis accesses. *J Vasc Surg* 2002;35:603-10.
- Reporting standards for endovascular aortic aneurysm repair. *J Vasc Surg* 2002;35:1048-60.
- Identifying and grading factors that modify the outcome of endovascular aortic aneurysm repair. *J Vasc Surg* 2002;35:1061-6.

Acknowledgments. Acknowledgments should include collaborators, if they give written permission to be acknowledged, and technical and secretarial assistance, as appropriate.

References. Cite references selectively (using no more than 40); an extensive literature review is rarely necessary, and only pertinent references should be given (ie, those that provide the basis for a key statement). References should be cited consecutively in the text by superscript Arabic numbers in the order in which they

are first mentioned in the text, a table, or a figure. References should not be cited alphabetically. The reference list should be typed double-spaced. References to articles in press must include authors' names, title of article, and name of journal. Personal communications and unpublished data are not to be cited as references; instead, indicate these sources in the text at the appropriate place and include the individual's preferred given name, initials, surname, title, city, and year of communication. Append to the manuscript a note of approval from the source for the statement. Make sure all references have been verified. The accuracy of the references, including spelling of references in foreign languages, is the responsibility of the authors and is crucial so that they can be linked to the original citation in the Web version. Abbreviate journal names according to the *Index Medicus*. Authors should be certain that all references use the standard abbreviated journal names according to the *Index Medicus*. This is imperative to ensure linking of references in the online version of the Journal. References that do not use the standard abbreviated journal names will not link. If there are six or fewer authors, list all; if seven or more, list only the first six, then et al. The format for references is described in detail in "Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication" (<http://www.icmje.org/index.html>). Examples follow:

Format for journal articles: Josa M, Khuri SF, Braunwald NS, VanCisin MF, Spencer MP, Evans DA, et al. Delayed sternal closure: an improved method of dealing with complications after cardiopulmonary bypass. *J Thorac Cardiovasc Surg* 1986;91:598-603.

Format for books: Berger HJ, Zaret BL, Cohen LS. Cardiovascular nuclear medicine. In: Goldberger E, editor. Textbook of clinical cardiology. 1st ed. St Louis: CV Mosby; 1982. p. 326-45.

Tables. Tables should supplement, not duplicate, the text. Number them consecutively in Roman numerals according to their order of citation in the text. Because tables should be self-explanatory, provide a brief caption for each table. Each table should be double-spaced and uploaded to *Editorial Manager* as a separate file. Abbreviations used in the table should be explained in a footnote; however, abbreviations that have been defined in the body of the text do not need to be spelled out or explained in the table. If a table or any data therein have been previously published, a footnote in the table must give full credit to the original source, and the original publisher's permission to reproduce the table must be provided.

Illustrations. Limit illustrations to those that amplify, not duplicate, the text. A reasonable number of line or halftone illustrations will be reproduced. Inclusion of color illustrations is at the discretion of the Editor. Original drawings or graphs should be prepared by computer methods or by a professional artist. All images must be provided electronically, and uploaded via the *Editorial Manager* system as separate files in either TIFF or EPS format. Images should be sized with either a 3-inch width (for 1 column format) or 6.5-inch width (for 2 column format). All

image files must be at 300 dpi. If the illustration fails the Artwork Quality Check in *Editorial Manager*, you must submit a hard copy of sufficient resolution for publication (see above). Detailed artwork instructions and help with formatting, sizing, scanning, and file naming can be found at the Elsevier *Author Gateway* at <http://authors.elsevier.com/>. The Artwork Quality Results will also display specific information on any problems with the file as well as possible solutions. This means that the Author can make any necessary changes to the artwork files and upload new files, better suited for production. Directions for delivering artwork on disk are also available on this Web page, if for some reason the files cannot be uploaded. Please send disks to: Journal of Vascular Surgery, 633 N. St. Clair, 24th Floor, Chicago, IL 60611, 312-334-2317.

In life table graphs, lines should be truncated when the standard error exceeds 10%. Furthermore, the number of patients should be shown below the graph at appropriate time points. Since life table graphs are preferred for in-text inclusion, data tables should be submitted only for the online version of the manuscript if the authors desire to provide this level of detail.

Operative and pathology photographs should be in color. Other figures and charts should be black and white unless sufficiently complex to require color.

Figure legends. Type legends double-spaced in a separate file. Indicate original magnification and stain for photomicrographs. If a figure has been previously published, the legend must give full credit to the original source and a letter from the original source giving permission to reproduce the figure must be submitted.

Video clips. Video clips accompanying a manuscript must be limited to no more than one minute in length and no more than 5 MB in file size. If accepted, they will be published on the Journal Web site. Videos must be submitted in either a QuickTime or MPEG format, on appropriate media to the Journal office, and e-mailed to the editorial office at JVASCURG@vascularsociety.org. Authors who want their videos accessible in a streaming format must also provide either a single SureStream file or three uniquely named single-rate clips (28.8, 56, T1) with an SMIL file to list the bandwidth choices. Video clips must meet production quality standards to be published on the Web without modifications or editing by the editorial office. The Journal can accept only video submissions that meet the Journal's formatting and image quality requirements. Authors will be notified if there are any problems with submitted files and asked to resubmit modified files. Image editing and correct formatting are the author's responsibility. Video clips accepted for publication will be posted to the Journal's Web site in both non-streaming format such as QuickTime and MPEG for optimal image quality and in a streaming video format for those who prefer faster downloading.

Statistical analysis. In reports that contain statistically analyzed data, the corresponding author must identify, in the Author Role form, the coauthor or consultant who was responsible for the statistical analysis.

SUBMISSION OF OTHER TYPES OF PAPERS

Manuscripts that do not meet these guidelines will be sent back to the authors for editing before review. All manuscripts must be submitted through *Editorial Manager* at <http://jvs.editorialmanager.com>, using the appropriate article type.

Vascular and endovascular techniques. A description of new technique will be considered for publication but should not exceed 1200 words, four figures, and 10 references, with an overall limit of 12 typewritten double-spaced pages with 12-point font and 1-inch margins. A brief 100-word nonstructured abstract, uploaded as a separate file into *Editorial Manager*, should emphasize the importance of the new development. Authors submitting technical notes must also submit a completed Author Role, Originality, and Competition of Interest form. A Copyright Transfer form must be submitted to the publisher's office for accepted technical notes. Technical notes should focus on the details of a new procedure or technique, and contain figures or line drawings that illustrate these new procedures. There may be a brief case report as well, but the purpose of the manuscript is to describe the technique or procedure. The discussion should indicate the basis for the author's conclusion that this technique is effective, and potentially compare the outcomes, advantages, and disadvantages of this new technique to what is currently done.

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Clinical update: Articles in this section are intended to be concise, current reviews of clinical topics that will impact patient care. Interested authors should contact the Editors to determine if a particular topic would be of interest and is not already under review. Articles should be no longer than 3000 words, should have a limited, but useful reference list, and comprise no more than 15 typewritten double-spaced pages with 12-point font and 1-inch margins, including tables. A brief 150-word nonstructured abstract, uploaded as a separate file, should emphasize the importance of the clinical update. The files should be submitted using the *Editorial Manager* system under the article type "Clinical Update." Clinical Updates should provide short, relevant clinical reviews on important topics regarding vascular disease. Authors submitting clinical updates must also submit a completed Author Role, Originality, and Competition of Interest form. A Copyright

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Editorials. The Editors may solicit an editorial on an important manuscript or topic related to vascular surgery to emphasize or explain the significance and relevance of the work to a general vascular surgery audience or to present different views to assist the readers in making a decision on the application of the results and conclusions. The work should be objective and authoritative and should not exceed 1200 words in length. Even though editorials are solicited, there is no prior commitment to publish them. Authors of editorials must also submit a completed Author Role, Originality, and Competition of Interest form. A Copyright Transfer form must be submitted to the publisher's office for accepted editorials.

Letters to the Editor. A letter up to 500 words in length with six references or less and one illustration or table will be considered for publication if it amplifies a recent article in the Journal by extending or clarifying the original manuscript or by presenting an opposing interpretation of the results or conclusions. Letters may also be used to submit brief original observations or opinions. Authors submitting letters must also submit a completed Author Role, Originality, and Competition of Interest form. A Copyright Transfer form must be submitted to the publisher's office for accepted letters before publication. The authors of the original paper will be provided with an opportunity to respond to a letter to the Editor. If the authors respond in a timely fashion, both the letter to the Editor and the authors' response will be published together. Letters accepted for publication may be copyedited.

Presidential addresses. The Presidential Address from a meeting of The Society of Vascular Surgery and affiliated societies will be published after copyediting and optional review, which may provide suggested improvements. Authors submitting presidential addresses must also submit a completed Author Role, Originality, and Competition of Interest form. A Copyright Transfer form must be submitted to the publisher's office for accepted presidential addresses.

Vascular images. This section presents interesting vascular images and associated short educational summaries in a focused, case-report format. One of the images will be chosen for the cover of each issue of the Journal. Submission of color illustrations suitable for the Journal cover is encouraged. Appropriate images include radiographs, pathology, anatomy, operative findings, and other relevant clinical pictures. The images should illustrate features of vascular disease, including technical approaches. Illustrations and text must be confined to one printed page (no

more than 350 words, with a limit of four illustrations: one for the cover and three that must fit in the right hand column), and images for the cover should possess both scientific and artistic merit. Descriptions of images must be included in the text, and only key references should be provided (with a limit of two). Images must be of professional quality and should be initially provided electronically by uploading (with the rest of the manuscript) using the *Editorial Manager* Web based submission system at <http://jvs.editorialmanager.com>. Detailed artwork instructions and help with formatting, sizing, scanning, and file naming can be found at the Elsevier Author Gateway at <http://authors.elsevier.com/>. Authors submitting vascular images must also submit a completed Author Role, Originality, and Competition of Interest form. A Copyright Transfer form must be submitted to the publisher's office for accepted vascular images. Given the short length of these articles, a maximum of three authors is permitted.

Other. This category encompasses all other forms of papers that are published by the Journal. These papers are also submitted through *Editorial Manager* at <http://jvs.editorialmanager.com>. Common examples include:

- **Position statements and practice guidelines.** Position papers and practice guidelines developed under the auspices of The Society for Vascular Surgery will be published after approval by the Board of Directors of the Society.
- **Review articles.** Review articles *may* be solicited by the Editors directly or in response to suggestions by prospective authors, and will be evaluated as independent submissions without prior correspondence. They will be subject to peer review. These reviews are comprehensive with full reference lists, as opposed to Clinical Updates, which are more focused, as described above.
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